Mailing Address

COLUMBUS

Candidate Name

Office Sought:

Mailing Address

CÓLUMBUS

Candidate Name

Office Sought:

Mailing Address

CÓLUMBUS

Candidate Name

State: TX

City

State: TX

City

City

A.

В.

C.

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 255 / 323 Use separate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) DR DONNA CAMPBELL FOR CONGRESS Full Name (Last, First, Middle Initial) Transaction ID: SB17.10860.0 Dr. DONNA CAMPBELL Date of Disbursement 2 o 7 2010 **PO BOX 156** State Zip Code Amount of Each Disbursement this Period TX 78934 94.18 Purpose of Disbursement Gasoline purchases while traveling to events 002 Category/ DR DONNA CAMPBELL FOR CONGRESS Type [MEMO ITEM] χ House 2010 Disbursement For: X General Senate Primary President Other (specify) District: 25 Full Name (Last, First, Middle Initial) Transaction ID: SB17.10860.1 Dr. DONNA CAMPBELL Date of Disbursement o 7 2010 **PO BOX 156** State Zip Code Amount of Each Disbursement this Period 78934 TΧ 407.71 Purpose of Disbursement Campaign materials - Dr Don's Buttons - buttons 006 Category/ DR DONNA CAMPBELL FOR CONGRESS Туре [MEMO ITEM] χ House 210" Disbursement For: Senate Primary X General President Other (specify) District: 25 Full Name (Last, First, Middle Initial) Transaction ID: SB17.10860.2 Dr. DONNA CAMPBELL Date of Disbursement 2010 **PO BOX 156** State Zip Code Amount of Each Disbursement this Period TX 78934 598.62 Purpose of Disbursement Bay Star Printing invoice - campaign materials 006 Category/ DR DONNA CAMPBELL FOR CONGRESS Type

Office Sought:	X House Senate	Disbursement For: 2010 Primary X General	- [MEMOTIEM]
State: TX	President District: 25	Other (specify)	
SUBTOTAL of Disbursements This Page (optional)			0.00
TOTAL This Period (last page this line number only)			